

SENDER: COMPLETE THIS SECTION

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

State Farm Mutual Automobile Insurance
Company
100 State Farm Parkway
Birmingham, Alabama 35209-7186

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Michael DeLeonard
 Agent
 Addressee

B. Received by (Printed Name)

Michael DeLeonard

C. Date of Delivery

9/19/07

D. Is delivery address different from item 1?

 Yes
 No

2.07CV840

SAC

(20)

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

 Yes

7002 2410 0007 9920 4355

Domestic Return Receipt

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

102595-02-M-1540